

The Quality Council continues with the “Plan of Correction (POC)” for CMS and is showing improvement. Binders have been assembled that contain “evidence” regarding data collections and audits to show the State Department of Health that we are demonstrating performance according to our plan of correction. Specific attention to changing the habits of practitioners, i.e. dating, timing and signing every order, has been challenging, but progress is being made. The POC graphs displayed for the Board for review this month show each area of concern identified by the State Department of Health with an attached plan of correction. Education to staff and physicians continue in order to change habits and behaviors. Daily, weekly, and monthly audits continue to ensure specific department compliance. For example, aseptic technique within operating room (cleaning equipment) and/or anesthesia charts locked daily. Dr. Strahan and Charlotte Mather explained that at this time, Quality Council is paying close attention to these areas but from here on out, this specific data will only be brought to the attention of the Board of Trustees on an as needed basis.

Leadership from the Anesthesia Department attended the Quality Council meeting and presented their quality data and performance improvement work. They are doing an excellent job. Their indicators and metrics are nationally accepted by the American Society of Anesthesiologists.

Dr. Strahan announced Sheridan Memorial Hospital is the recipient of three outstanding AVATAR Awards. Acknowledging consistently high standards in patient care across multiple services lines, Sheridan Memorial Hospital is being awarded Avatar International’s 2011 Best Overall Performer Award. This is the first year the hospital has received this award. The second Avatar award presented to Sheridan Memorial Hospital was the HCHAPS Best Performer Award. HCHAPS stands for Hospital Consumer Assessment of Healthcare Providers and Systems. The third Avatar award the hospital received was the 2011 Exceeding Patient Expectations Award that is given to the facilities whose overall score exceeds expectations for patients. This is the seventh year Sheridan Memorial Hospital has received this award. Goals for achieving these high recognitions are consistently being raised with neighboring hospitals and SMH continues to excel. In addition, SMH continues to achieve its mission and form a culture of kindness for its staff and patients. Congratulatory responses by the Board were made to the entire hospital leadership and staff.

Quality Council has also started a national search to recruit a Director of Quality. At this time, leadership is not using a search firm for recruitment.

The Quality Council is now communicating quality data via television screens in public areas throughout hospital.

Quality Council members continue to monitor performance in the RAC complex medical necessity audit reviews. The auditors for this region are very aggressive where audits have doubled since 2008. Leadership feels we are at a level of expectation in regards to the RAC audits. Over a three year period, data shows we have retained reimbursement funds in over 50% of the cases audited. The Hospital has stayed under 50% and consistently is lowering its returned reimbursements. The future of increased chart audits is expected to continue. Physicians and the Quality Council appreciate the updates and work from Miriam Nance, Utilization Case Management Nurse. The

implementation of electronic medical records will help in the documentation portion of the audit but continued education to the staff and physicians continue.

MEDICAL STAFF REPORT

Dr. Addlesperger invited all Board of Trustee members to the upcoming Quarterly Medical Staff meeting scheduled for Tuesday, June 12, 2012 at 6:00pm in the Hospital conference rooms A&B. Physicians have been very busy with Cerner electronic medical record training, with one-on-one practitioner training to begin on June 12, 2012 through June 14, 2012. This education will start to familiarize each physician as to what their medical records will look like using the SMH live system interaction. No further update was reported by Dr. Addlesperger.

ELECTRONIC MEDICAL RECORD (EMR)

Nyle Morgan, Chief Information Officer, provided an update on the Cerner electronic medical record (EMR) progress.

Mr. Morgan reported that the first round of integration testing was completed last week. Both Cerner and hospital staff were housed in conference rooms A&B, where a series of simple to complex mock patient scenarios were filtered through the EMR record from front to back (admission to discharge). Any orders taken, medications prescribed, and/or transfers made were analyzed. This was the first time the live SMH Cerner EMR product had been fully tested, where errors could be identified and logged in order to re-address and fix. Mr. Morgan invited all members of the Board to visit the second round of integration testing that will take place in six weeks, the week of July 9, 2012, where the team will conduct similar patient flow testing to ensure the EMR system is running efficiently. In the meantime, much work is ahead for all members of the Cerner staff, EMR hospital staff and physicians. Mr. Morgan explained that specific Cerner educators will be in-house until after the go-live date of August 20, 2012. These educators will assist staff in creating and following through with education curriculums for the Cerner SMH product. A Cerner physician strategist is available to work with Physicians to schedule training sessions based on their availability to focus on their documentation needs. In addition, the signal sign-on product is currently being pilot tested at the Big Horn Mountain Medicine clinic with a goal to roll out to the entire organization soon. A third party vendor will be used for electronic signatures to be completed this week.

Mr. Morgan expressed to the Board members, the key benefits the EMR project will provide to Sheridan Memorial Hospital. Most importantly, it will ensure patient safety in regards to efficient processes for continuity of medical record, order entry, nurse and physician charting and barcode scanning methods for medications, therapy infusions, etc. The use of a new lab system, smart pumps, e-prescribe product, and updated dictation system are essential in this efficiency process. Patients will also be able to access their medical record information using a web based patient portal that allows the option of self-scheduling, correspondence with physicians and assistance with renewal of prescriptions. From a quality standpoint, EMR will assist to ensure meaningful use under federal regulations and allow the hospital to streamline its processes of collecting quality data for analysis. Mr. Morgan explained that the security of the EMR system is highly important where specific staff have been properly trained to control a highly confident system within the

organization. This includes the use of secure firewalls, privacy passwords, and ID protection methods per patient, staff, and individual that may access the system.

ADMINISTRATION REPORT

Mr. McCafferty noted that the Hospital expects a return visit from the State Department of Health within 30 days to conduct a follow-up validation survey. Also, The Joint Commission is expected within the next 60 days to conduct its required three (3) year accreditation survey. The Survey Readiness Committee is being led by Rob Forister and Nancy Hooge. All staff is involved with continued readiness for both survey preparations by conducting mock tracers within specific departments. A patient tracer is the methodology that Joint Commission follows, where they trace a patient through the hospital to ensure all places that a patient goes, the standards of compliance are met. Mr. McCafferty noted he expects positive outcomes by both surveys with opportunities to improve the quality of care. Mr. McCafferty also thanked all managers and staff for their hard work and prioritizing to continually prepare for the surveyors, as well as, focus on every aspect of excellent patient care at Sheridan Memorial Hospital.

Mr. McCafferty provided an update on the continued progress of a new Medical Office Building (MOB) design plan. Progress continues to identify occupants of the new building. Architects continue working on design plans to include how they will factor into the next 7-10 years' needs. The building will be connected to the current Medical Arts Complex (MAC) at an approximate total size of 35,000 to 50,000 square feet and 2 to 3 stories. 25, 000 to 30, 000 square feet of the building layout is currently spoken for to house hospital affiliated practices with room for growth for the hospital network. Drawings from the architect will soon be available for review. Further discussion was held regarding the parking capacity and its options. Mr. McCafferty will continue to keep the Board apprised of any updates.

Mr. McCafferty emphasized the importance of future strategic planning when planning for new constructions, such as the MOB, but also for all aspects of Sheridan Memorial Hospital growth opportunities. Mr. McCafferty noted an updated Strategic Plan "copy" has now been completed by the Marketing Department. The focus of the Strategic Plan includes strategic growth and culture of what patients can expect from the organization along with the continued commitment and positive relationship to the community regarding the hospital's investment as the leader in healthcare.

FINANCE COMMITTEE REPORT

Gene Davis reported the Finance Committee met and acknowledged that the vouchers and Mr. McCafferty's MasterCard had been reviewed and were sufficient.

Mr. Ed Johlman presented financial information for the month of April. Consolidated revenues were much lower in comparison to the last two record-setting months. Revenues were under budget for the month. The Big Horn Health Network revenue vs. expense ratio was discussed. Consolidated contractual adjustments were lower than usual, with lower revenues and higher operating expenses. Per request, Mr. Johlman will follow up with the Board members to note any trends regarding the increased expenses over revenue observed. Mr. Mischke will email questions from Gary Miller (absent) to Mr. Johlman in reference to additional financial statement questions

noted in Mr. Miller's review. Mr. Johlman will also be scheduling Board of Trustee Budget work session in June to dissect the FY2013 projected budget.

FOUNDATION REPORT

Ada Kirven, Foundation Executive Director, welcomed David Smith as new member to the Board of Trustees and as Board member liaison to the Foundation. Mrs. Kirven reported conducting Nursing scholarship interviews this week with those students going into the Sheridan College Nursing Program. Also, Mrs. Kirven offered invitation to the Board Members to participate in the 3rd Annual Sheridan Memorial Hospital Foundation Golf Tournament scheduled for Friday, July 27, 2012, at the Powder Horn; lots of exciting prizes will be offered and great interest has been received thus far.

BUILDING COMMITTEE REPORT

Rob Forister reported that the Building Committee met May 29, 2012. Mr. Forister, Facilities Manager, provided the following report:

- ✓ Welch Cancer Center (WCC): The project is moving along on schedule and near budget expected. The staff and patients are enjoying the new building. The demolition of the original building required more time than the original schedule (one week). The contractor doesn't anticipate this will delay the projected completion date.
- ✓ Cath Lab Update: Currently, we are waiting for the equipment supplier to send the architect the design documents. Those documents are needed to complete the construction documents. We expect to have this project out for bid in two weeks. The project was submitted for preliminary approval by the Department of Health; we currently are expecting this approval before the scheduled construction start.
- ✓ Pathology: Project is moving forward. Construction is started and we anticipate a completion date in mid-August.

OTHER BUSINESS

Mr. Mischke presented the Board of Trustee members the opportunity to register for an online governance education curriculum program named "Best on Board" that has been chosen by Wyoming Hospital Association (WHA) Governance Committee. The program offers Wyoming healthcare trustees and leaders a way to gain the confidence and competence in their leadership roles by advancing through six (6) separate curriculum steps to receive certification. Mr. Mischke is currently enrolled in the program and would like a consensus from the whole Board on whether the program should be adopted for all SMH Board members. Cost per Board member is \$450 and each member would be asked to complete curriculum requirements on their own time. The website (www.bestonboard.org) link information will be sent via email to the members for review.

Mr. Mischke asked the Board members to submit their top two (2) preference choices of committee assignments they would like to serve on for FY2012. Final appointments will be formalized at the June Board meeting.

EXECUTIVE SESSION

The meeting moved into closed session at 4:05pm for discussion of real estate, personnel, and legal updates. The meeting then reconvened into public session at 4:35pm.

ADJOURNMENT

There being no further business to come before the Board, the meeting adjourned at 4:37 p.m.

Recorder,
Amy Ligocki

Michael Strahan, M.D., Secretary